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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the **PATENT APPLICATION** of:

Demir et al.

Application No.: 10/736,432

Confirmation No.: 3424

Filed: December 15, 2003

For: METHOD AND SYSTEM FOR
CONTINUOUSLY COMPENSATING FOR PHASE
VARIATIONS INTRODUCED INTO A
COMMUNICATION SIGNAL BY AUTOMATIC
GAIN CONTROL ADJUSTMENTS

Group: 2681

Examiner: Not Yet Known

Our File: I-2-0537.1US

Date: August 2, 2005

COMMUNICATION RE STATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant respectfully requests notification of the status of the above-identified application. Nearly 19 months have passed since the application was filed and the applicants have not received any substantive action.

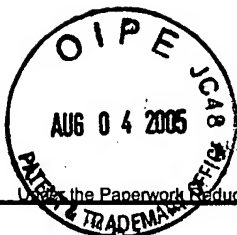
Respectfully submitted,

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/736,432
Filing Date	December 15, 2003
First Named Inventor	Demir et al.
Art Unit	2681
Examiner Name	Not Yet Known
Attorney Docket Number	I-2-0537.1US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VOLPE AND KOENIG, P.C.		
Signature	<i>Scott Wolinsky</i>		
Printed name	Scott Wolinsky		
Date	August 2, 2005	Reg. No.	46,413

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Scott Wolinsky</i>		
Typed or printed name	Scott Wolinsky	Date	August 2, 2005

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